20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Signature Printed/Typed Name

Do Not Write Below This Line

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Y value

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS
To: P.O. Box 3000, Sacramento, CA 95812

Day

Year

Month

ransporter 2 Acknowledgement of Receipt of Materials

Signature

19. Discrepancy Indication Space

Month Day

Year

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Signature

Month Day Year

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Printed/Typed Name

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YELLOW: GENERATOR RETAINS